HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

STATE POSITION HELD: (Dept/Div or Board/Commission)

Board of Education

TERM OF OFFICE (Begin/End):

12/06/02 / 12/05/04

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	The Arc in Hawaii	D	Executive Director
	3989 Diamond Head Road		
	Hon., HI 9616	: .	
F	ResQ Consultants	В	Develop policies/forms for start up
	2604 Pauoa Road	ļ	company.
	Hon., HI 96813		
F	Hawaii Waiver Providers Association	Α	Administrative and consultant
	c/o 708 Palekaua St.	1	services.
	Hon., HI 96816	ļ	
F	RCUH, College of Education, Center on Disabilities	В	Teaching
	Studies, MCH LEND Program; 2530 Dole St., Hon.		·
F	State Board of Education	В	Board Member
	Hon., HI		
SP	Pacific Islands Institute	D	Program Director
	3566 Harding Ave., #202 Hon., HI 96816		
[]Check he	re if entry is None	[]Che	ck here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO OF SHARES
	None			·

[]Check here if additional sheets are attached

List any o	ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINES wnership or beneficial interests in businesses transferred during the disclosure period and the date of	
F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
		·
[Chec	ck here if entry is None []Check here if additiona	sheets are attached
	ITEM 4: CREDITORS ame and address of each creditor to whom the value of \$3,000 or more was owed during the disclosur mount and amount outstanding (excluding debts arising out of retail transactions or the purchase of co	
		<u> </u>

original ar F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Bank of Hawaii P.O. Box 380034 Hon., HI 96838	Н	Н
. 10h	ck here if entry is None]Check here if addition	al sheets are attached

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Japanese American Citizens League, Honolulu Chapter	Vice President/Director		None
			10h ad have if addition	

[]Check here if additional sheets are attached []Check here if entry is None

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
JT	2116 Palolo Ave. Hon., HI 96816	340090140000	Н
	ck here if entry is None	[]Check here if additional	

ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
			·
			:
÷		I. IChaek bara if	additional sheets are attached

Check here if entry is None

[]Check here if additional sheets are attach

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

NAM	E OF CLIENT	1	NAME OF STATE AGE	NCY		
 Check her	e if entry is None			Check	here if additional shee	ts are attached
ist the amount alue of \$5,000	and identity of every cred	CREDITOR INTER itor interest in insolve	RESTS IN INSOLVEN	T BUS	INESSES	
F,SP,DC,JT	NAME AND ADDRESS	OF BUSINESS	NATURE OF BUSI	NESS	NATURE OF	VALUE

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF VALUE INTEREST
			RECEIVED '04 JAN 21 AIO STATE OF HA HA
			AIIO:01
	re if entry is None		

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.